

# REQUEST FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE

## OFFICE USE ONLY

Date Rec \_\_\_\_\_ Ck or MO \$ \_\_\_\_\_ MAIL or TRUCK # of Copies \_\_\_\_\_ Rec# \_\_\_\_\_ / \_\_\_\_\_  
Return Env YES or NO ID Included YES or NO Staff \_\_\_\_\_ Date Mailed \_\_\_\_\_

## WHAT TO INCLUDE IN YOUR REQUEST

### REQUEST

Completed Request Form including original ink signature.

### ID

A copy of your Identification (Driver's License, State ID, Passport).

### PAYMENT

Payment - check or money order payable to City of Boston. Certificates cost **\$14.00** per copy when ordered through the mail.

**Requests prior to 1870 require an additional \$10 research fee** on a separate check, and this fee is not refundable.

### RETURN

Please include a self-addressed stamped envelope.

Registry - Birth  
One City Hall Square  
Room 213  
Boston, MA 02201

If a child's parents were not married at the time of the child's birth, then the record is restricted. **ONLY** those listed on the birth certificate can request a copy and identification is required to obtain the record.

Check here for Time of Birth Only: If you are just requesting your "Time of Birth," you only need to enclose a \$10 research request fee instead of the certificate cost. Please note that not all years list time of birth.

If we do not have the record we will call and/or return the check in the self-addressed stamped envelope that you have included with your request.

## REQUIRED INFORMATION

NUMBER OF COPIES: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
Month/Day/Year

FULL NAME: \_\_\_\_\_ NAME OF HOSPITAL OR LOCATION OF BIRTH: \_\_\_\_\_

PARENT 1 FULL NAME: \_\_\_\_\_ MAIDEN NAME IF APPLICABLE: \_\_\_\_\_

PARENT 2 FULL NAME: \_\_\_\_\_ MAIDEN NAME IF APPLICABLE: \_\_\_\_\_

PERSON REQUESTING THE CERTIFICATE: \_\_\_\_\_

RELATIONSHIP OF REQUESTOR TO SUBJECT NAMED ON RECORD: \_\_\_\_\_

SIGNATURE OF REQUESTOR: \_\_\_\_\_

RETURN MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

The Registry Division is open weekdays from 9 a.m. - 4 p.m. except holidays | [boston.gov/registry](http://boston.gov/registry) | 617-635-4175



City of Boston



Registry: Birth,  
Death, and Marriage